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## **CONTINUED EXAMINATION (RCE) TRANSMITTAL**

Address to: Mail Stop RCE **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

Application Number	09/812,835
Filing Date	03/21/2001
First Named Inventor	Darren R. Kerr
Art Unit	2145
Examiner Name	Jeffrey R. Swearingen
Attorney Docket Number	062891.0993

This is a Request for Continued Examination (RCE) under 37 C.F.R. 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

<ol> <li>Submission requirements</li> </ol>	red under 37 C.F.R. § 1.114					
a.   Previously submitted						
i. 🗌 Consi						
	entered amendment(s) referred to above will der the arguments in the Appea		v Brief previously filed	on		
ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on iii. ☐ Other						
b. 🛛 Enclosed						
i. 🗵 Amen	dment/ReplyRCE Attached	iii. 🔲 Inf	ormation Disclosure St	atement (IDS)		
	vit(s)/Declaration(s)	iv. 🗌 Otl	her: Notice of Extensio	n of Time		
2. Miscellaneous						
a.  Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a						
period ofmonths. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.117(i) required)						
b. 🔲 Other		<del></del>				
3. Fees The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R 1.114 when the RCE is filed.						
	or is hereby authorized to cha		ving fees to:			
	count No. <u>02-0384 of Baker E</u>					
	00 RCE fee required under 37 or is hereby authorized to cha					
to:	or is necessy authorized to cha	irge any addit	ional fees or credit a	ny overpayments		
	count No. <u>02-0384 of Baker E</u>	3otts L.L.P.				
c. 🔲 Payment by	c. Payment by credit card (Form PTO-2038 enclosed)					
WARNING:	Information on this form may	become pub	lic. Credit card inforr	nation should not		
be included	l on this form. Provide credit	card informat	tion and authorizatio	າ on PTO-2038.		
	SIGNATURE OF APPLICAN	IT, ATTORNEY,	OR AGENT REQUIRED			
Name (Print / Type)	Thomas J. Frame	Registr	ation No. (Attorney/Agent)	47,232		
Signature	Thomas 12	Date	03-16-20	107		
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